

Please type a plus sign in this box:



PTO/SB/1

Approved for use through 6/30/98. OMB Of
Patent and Trademark Office; US DEPARTMENT OF COM

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OM

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No.		71445-3	
		First Named Inventor		Edgar L. Garrison	
		COMPLETE IF KNOWN			
		Application No.			
		Filing Date			
		Group Art Unit			
Examiner Name					
<input checked="" type="checkbox"/> Declaration submitted with or initial filing <input type="checkbox"/> Declaration submitted after initial filing					
As a below named inventor, I hereby declare that:					
My residence, post office address, and citizenship are as stated below next to my name.					
I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is so on the invention entitled:					
<div style="border: 1px solid black; padding: 5px; display: inline-block;">DENTAL UNIT WATER SYSTEM TREATMENT</div> (Title of the Invention)					
the specification of which					
<input checked="" type="checkbox"/> is attached hereto					
or					
<input type="checkbox"/> was filed on _____, as United States Application Number or PCT International Application Number: _____ and was amended on _____ (if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.					
I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) of any foreign application for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box next to any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)		Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached YES <input type="checkbox"/> NO <input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.					
Application Number (s)		Filing Date (MM/DD/YY)		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02 attached hereto.	
60/326,325		10/01/01			

Please type a plus sign in this box:



PTO/SB

Approved for use through 6/30/98. OMB
Patent and Trademark Office; US DEPARTMENT OF CO.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OM.

DECLARATION - Utility Or Design Patent Application							
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT international application designating the United States America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 20915							
Or							
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
				Place Customer Number Bar Code Label Here			
Name		Registration No.		Name		Registration No.	
John F. McGarry		22,360		Mark A. Davis		37,118	
H. Lawrence Smith		24,900		G. Thomas Williams		42,228	
Joel E. Bair		33,356		Michael F. Kelly		50,859	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to <input checked="" type="checkbox"/> Customer Number or Bar Code Label				20915		or <input type="checkbox"/> Correspondence Address below	
Name	Joel E. Bair, Reg. No. 33,356 McGarry Bair LLP						
Address	171 Monroe Avenue, NW, Suite 600						
City, State, Zip	Grand Rapids, Michigan 49503						
Country	US	Telephone	616-742-3500		Fax	616-742-1010	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18, United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor				<input type="checkbox"/> A petition has been filed for this unsigned inventor.			
Given Name (first and middle [if any])				Family Name or Surname			
Edgar L.				Garrison			
Inventor's Signature						Dated 9/17/02	
Residence: City	Spring Lake	State	MI	Country	USA	Citizenship	1
Post Office Address	17865 Oakwood Dr.						
City	Spring Lake	State	MI	Zip	49546	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the one supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.							

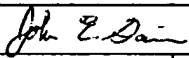
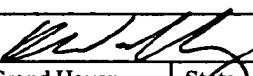
Please type a plus sign in this box:



PTO/SB/02

Approved for use through 6/30/98. OMB 01
Patent and Trademark Office; US DEPARTMENT OF COM

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB

Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
John E.				Garrison			
Inventor's Signature						Dated 9/17/02	
Residence: City	Spring Lake	State	MI	Country	USA	Citizenship	
Post Office Address		15800 Ridge Lane					
City	Spring Lake	State	MI	Zip	49546	Country	US
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Kevin S.				Walburg			
Inventor's Signature						Dated 9/17/02	
Residence: City	Grand Haven	State	MI	Country	USA	Citizenship	
Post Office Address		1720 Hillcrest					
City	Grand Haven	State	MI	Zip	49417	Country	US